

**PUBLIC INFORMATION & COMMUNICATION SERVICES
NIH TASK ORDER (For Use by Other Federal Agencies)**

RFTOP NUMBER: RFTOP 266 (CDC 42)

TITLE: *Screen for Life: National Colorectal Cancer Action Campaign* (National multimedia communications campaign promoting the appropriate use of colorectal cancer screening)

PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS

A. Point of Contact Name:

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CDC/PGO

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B. Proposed Period of Performance:

Phase I October 2005 – September 2006

Phase II October 2006-May 14, 2007

C. Pricing Method: Cost Plus Fixed Fee

D. Proposal Instructions: Proposals are to be submitted via email to Helen Mitchell, hjm3@cdc.gov by August 1, 2005 at 4PM EST.

Questions are to be submitted via email to Helen Mitchell, hjm3@cdc.gov by July 20, 2005.

F. Task Description

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
OFFICE OF COMMUNICATION
ATLANTA, GEORGIA 30333**

REQUEST FOR TASK ORDER PROPOSAL

Title: *Screen for Life: National Colorectal Cancer Action Campaign* (National multimedia communications campaign promoting the appropriate use of colorectal cancer screening)

Contract reference: This Request for Task Order Proposal is consistent with the purposes for which the NIH Public Information and Communication Services (PICS) contracts for health communication services were awarded, specifically related to these services: (1) communications research, (2) media analysis and outreach, (6) press, public information, marketing and media services, (7) outreach minority/underserved populations (8) product development, (9) graphic design, (13) information tracking and referral, (14) web design, development and management.

This RFTOP includes tasks described in the contract as Tasks 1-8, related to *Screen for Life (SFL)* and its marketing and communications; concept, message and materials development and testing; implementation; documentation and feedback; project management; public relations, networking and outreach; support of state partners and other partners, and evaluation. This project is designed to provide the Division of Cancer Prevention and Control (DCPC), Centers for Disease Control and Prevention (CDC) with an ‘as needed’ mechanism to assist in the planning, development and implementation of materials and activities related to *Screen for Life: National Colorectal Cancer Action Campaign*. Funding levels are determined by money appropriated by Congress and may vary from year to year, based on available funding and priorities of DCPC.

In Phase I (October 2005 – September 2006) of the task order, the following tasks are requested: (further description can be found on pages 7-16)

1. **Task order management**
2. **Develop, test, and distribute materials for health professionals**
3. **Develop, distribute, and track PSAs for consumers**
4. **Web-related marketing and distribution**
5. **Launch activities and media support**
6. **State, program, and partner outreach and support**
7. **Support from health communication researcher/behavioral scientist**
8. **Colorectal Cancer Screening Demonstration Project support** (all activities related to this task currently are ‘optional, depending on funding and demonstrated need’ as determined by the Demonstration Project team)

In Phase II (October 2006-May 14, 2007) of the task order, the following tasks are requested:

- ☐ **Task order management**
- ☐ **Complete development of new concepts for print and TV ads. Write report of what is learned in focus group research.**
- ☐ **Produce 2-3 new TV PSAs and 1-2 print ads/posters and 1 airport diorama.**
- ☐ **Distribute new PSAs and print ads to appropriate media, and track usage.**
- ☐ **Secure talent buyouts for Web and other media usage.**
- ☐ **Launch and media activities and support.**
- ☐ **Provide outreach to States, Programs, and other partners; coordinate local tagging of PSAs.**
- ☐ **Provide support to CDC's Colorectal Cancer Screening Demonstration Project, as needed and as funding allows.**
- ☐ **Other tasks to be determined.**

Page Suggestion: no more than 25 pages for proposal, not including attachments such as staff bios/cvs, etc. It is suggested that Contractors use the bulk of their proposals to describe their approach to tasks and task order management rather than describing colorectal cancer burden.

Cost Proposal format: an itemized price proposal is requested for each deliverable in Phase I of this RFTOP. Please include itemized price proposal for subcontractors, and for each task and each optional (if money becomes available and there is demonstrated need) task. Price proposals are required for additional phases of the task order (Phases 2 – 5)

Funding Range:

- ☐ Under \$100,000
- ☐ Over \$100,000 but less than \$300,000
- ☒ Over \$300,000 but less than \$500,000 (this is for Phase 1 – year one of task order. It is anticipated that in subsequent years of this task order, funding levels may increase)
- ☐ Over \$500,000 but less than \$700,000
- ☐ Over \$700,000 but less than \$1,000,000
- ☐ Over \$1,000,000

Type of Pricing Requested:

- ☒ Cost Plus Fixed Fee
- ☐ Other (Specify) _____

Background:

Colorectal cancer (CRC) is the second leading cancer killer in the United States, after lung cancer. CRC is most common in people aged 50 years or over, with approximately 90% of colorectal cancers occurring in this age group. The American Cancer Society estimates that in 2005, approximately 145,290 Americans will be diagnosed with colorectal cancer, and 56,290 will die of the disease. As many as 60% of these deaths could be prevented, if everyone aged 50 or older were screened regularly. However, research from the CDC shows that nearly 42 million Americans have not been screened appropriately for colorectal cancer.

Scientific evidence shows that testing for colorectal cancer saves lives. Screening tests help find precancerous polyps so they can be removed before they turn into cancer. Similarly, screening can find early-stage CRC that can often be cured through appropriate treatment. When CRC is found early and treated, the 5-year relative survival rate is 90%. But because screening rates are low, only 37% of colorectal cancers are found early.

CDC monitors colorectal cancer screening rates through the Behavioral Risk Factor Surveillance System (BRFSS) – a continuous, national telephone survey – and through the National Health Interview Survey (NHIS). Findings from both BRFSS and NHIS show that screening is low among adults 50 or older, the age group for whom it is recommended. Although CRC is the second leading cause of cancer-related deaths in the U.S., only about half of those eligible for screening have received screening tests within the recommended screening intervals.

The United States Preventive Services Task Force (USPSTF) and other leading health and medical agencies and organizations recommend that asymptomatic adults who have no known risk factors begin screening for colorectal cancer (CRC) at age 50. Recommended screening tests are: fecal occult blood test (annually), flexible sigmoidoscopy (every 5 years), a combination of fecal occult blood test and flexible sigmoidoscopy (annually and every 5 years, respectively), colonoscopy every 10 years, or double contrast barium enema (every 5 years).

Of the recommended screening protocols, data are insufficient to determine the best single screening approach. Each has advantages and disadvantages that may vary for individual patients and practice settings. The USPSTF and CDC recommend that physicians develop a screening strategy based on patient preferences, medical contraindications, patient adherence, and available resources for testing and follow-up. The USPSTF and CDC advise clinicians to speak with patients about benefits and potential harms associated with each option before selecting a screening strategy.

In 1999, in order to educate Americans about CRC and the benefits of screening, CDC with the Health Care Financing Administration (now Centers for Medicare & Medicaid Services, or CMS), and with technical assistance from the National Cancer Institute (NCI), developed *Screen for Life: National Colorectal Cancer Action Campaign*.

The primary target audience for *SFL* is men and women aged 50 or above. Several sub-populations are also targeted, such as African Americans, Hispanics, and Medicare beneficiaries. African Americans and Hispanics were selected as part of an ongoing CDC and HHS commitment to address health disparities in minority populations. Reaching Medicare beneficiaries with CRC information is also of interest, given recent changes authorizing Medicare coverage of colorectal cancer screening. A secondary target audience of *SFL* is health professionals.

Since the campaign's inception, the process of developing *SFL* messages and materials has included formative research conducted by CDC, with dozens of focus groups conducted across the U.S. to assess knowledge, behaviors and screening practices of the target audiences and to test campaign messages and materials.

Results from formative research conducted over the life of the campaign reflect changes in the broader environment during that time. Participants in initial years showed a lack of knowledge about the incidence of CRC and were often uncomfortable discussing it. In later years, participants generally were more aware of CRC, and appeared more comfortable talking about the disease and the need for screening. Lack of knowledge remains about recommended tests, what is involved in testing, who should be screened, the need for regular screening in the absence of symptoms, the age at which to begin screening, and how CRC might be prevented. Later focus group participants preferred fact-based messages rather than other approaches, such as blatant humor or analogy. Many stated that if their physicians recommended screening, they would get tested, and knowing more about the benefits of testing would help motivate them to get screened.

In 2004, CDC conducted formative research with primary care physicians and found that most reported they do recommend screening to patients. However, most said they bypass flexible sigmoidoscopy and double contrast barium enema as screening test options, recommending only colonoscopy and/or the fecal occult blood test to patients. Many physicians also stated that they performed in-office FOBT rather than the take-home test (the take-home test is the one recommended) and many said they begin (recommending) FOBT at age 40, rather than at the recommended age of 50. Subsequent focus groups designed to test new materials and ads for physicians suggested the need for a major overhaul of CDC's *Screen for Life* materials that are targeted to physicians.

SFL materials for health professionals thus far have been limited, but are consistent with messages in *SFL* materials targeted to patients. New *SFL* materials for primary care providers will have to be reevaluated and will likely have less of an emphasis on the full menu of CRC screening tests available.

Messages included in *SFL* materials are consistent across media. The messages are:

- If you're over 50, see your doctor and get screened regularly for colorectal cancer.
- Screening saves lives.
- Screening helps prevent colorectal cancer. Screening tests help find precancerous polyps so they can be removed before they turn into cancer.
- Screening helps find CRC early, when treatment can be very effective.
- Don't wait for symptoms...polyps or cancer in the colon or rectum don't always cause symptoms - that's why it's important to be screened for colorectal cancer.
- Colorectal cancer is the 2nd leading cancer killer in the U.S., affecting both men and women, especially those over age 50.
- Medicare and most insurance plans help pay for colorectal cancer screening.

SFL materials include television and radio public service announcements (PSAs) in English and Spanish, print ads, posters, fact sheets and brochures for patients in English and Spanish, a fact sheet for health professionals, airport dioramas, newspaper articles, and video and audio news releases in English and Spanish. In 2004-2005, *SFL* began a partnership with the National Colorectal Cancer Research Alliance (NCCRA) and cofounder Katie Couric, and with the Entertainment Industry Foundation (EIF), to produce print and broadcast PSAs and other

materials, including new print materials featuring Ms. Couric and new TV PSAs featuring Academy Award winning actor Morgan Freeman.

SFL's Web site (www.cdc.gov/screenforlife) includes campaign background information, information about CRC, scientific resources, and campaign materials that can be downloaded and/or ordered for use in communities, medical practices, and other settings. The Web site also serves as a resource for health educators, health professionals, state and local organizations, and others interested in colorectal cancer. State Health Departments, Tribal Organizations and the District of Columbia are active partners in *SFL*. CDC supports states' educational efforts by designing materials that are easy to localize, download and print; and by offering free local tagging for broadcast PSAs.

SFL PSAs are distributed nationally to a broad range of television, radio and print media outlets. The television PSAs are distributed to approximately 1,000 TV stations in all 210 U.S. media markets, as well as to national networks and national and regional cable systems. Radio PSAs are distributed to approximately 1,200 radio stations that appeal to older adults, African Americans, and/or Hispanics. Print PSAs are sent to approximately 2,000 magazines and 5,500 daily and weekly newspapers. Print and broadcast materials are also sent to State Health Departments and are available on the campaign Web site. Appropriate tracking mechanisms are in place to measure and monitor viewer/listener impressions and other significant data related to TV, Radio, Print and other media.

During 2004-2005, extensive Web development and Web activities were incorporated into *SFL* activities. Evaluation of CDC's colorectal cancer and *SFL* Web sites and strategic planning were undertaken to (a) define CRC and *SFL* Web audiences, (b) improve usability for intended audiences; and (c) enhance the Web sites' content to better meet users' information needs. The overall goals were to:

- improve CDC's dissemination of colorectal cancer information using Web channels (<http://www.cdc.gov/screenforlife/>);
- improve CDC's support of its partners in communicating *SFL* messages, opportunities and benefits directly to consumers and health professionals; and
- improve CDC's role in facilitating open communication between its staff and partners to ensure effective and timely information sharing.

This Web-related evaluation and strategic planning led to a re-design of CDC's colorectal cancer and *Screen for Life* Web sites (meshing the two sites), and more fully integrating this medium as an important component in this multimedia campaign as one of several important communication and information dissemination channels.

ASSUMPTIONS:

- Target populations for this national campaign are: consumers, particularly those aged 50 or older; minorities, including African Americans and Hispanics; Medicare beneficiaries; and health professionals. New target populations may include (but are not limited to) Native Americans.
- Formative research conducted by CDC indicates that target populations are in the pre-contemplation and contemplation stages of behavior change theory based on the Stages of Change Model.
- Basic communication messages that need to be conveyed to the target audiences are:

- Colorectal cancer is the second leading cancer killer in the U.S.
- It most often strikes men and women over the age of 50.
- Regular screening beginning at age 50 saves lives...strong evidence shows that screening helps find precancerous polyps so they can be removed before they turn into cancer. And screening can find CRC early, when treatment can be very effective.
- Don't wait for symptoms: polyps and early stage CRC don't always cause symptoms.
- For patients: talk to your health care provider about getting screened, and together decide the best screening option for you. For health care providers: recommend screening to patients who are aged 50 or older.
- Medicare and most insurance plans help pay for CRC screening.

Description of work:

Funding is currently available for Phase I (October 2005 – September 2006); however, this RFTOP is divided into two phases to ensure there is continuity throughout the life of the task order for all planning, execution, and evaluation. The purpose of Phase I is two-fold: (a) to complete a specified number and array of tasks, and (b) to lay the groundwork for an anticipated second phase of activities that would be a continuation of the project. Phase II will take place in 2006-2007, depending on funding and other priorities within CDC. However, a price proposal should be included for Phase I and Phase II.

While funding during 2005-2006 is limited, it is anticipated that in Phase II of this task order, funding levels may increase to accommodate new material development and new research with target audiences, including health professionals, and various segments of the patient population.

In Phase I of the task order the following tasks are requested:

1. **Task order Management**
 - A. Hold start-up meeting to understand tasks, draft a communication plan for ongoing work for SFL, prepare a task order timeline, establish working expectations and understand working styles, expectations and requirements of CDC.
 - B. Provide ongoing weekly status reports/conduct regular (weekly –or more often) conference calls with CDC on campaign activities/updates and provide a year-end report that includes all work conducted for the campaign. Supply CDC with at least 2 folders of the year-end report, including samples of all materials tested, developed, and/or distributed.
2. **Materials for Health Professionals**
 - A. Physician materials and ads – revise materials and ads originally focus-group tested in 2004, as necessary. Contractors should give descriptions of protocols to test revised materials and estimates of costs associated with testing. Assistance

from Contractor will be needed for preparation of IRB and OMB clearance packages.

- B. Create a distribution and communication outreach plan to disseminate the new physician ads and other related materials to medical journals and other publications and to Web sites utilized by health professionals, and implement that plan, as funding allows. This may include direct mail or fax mailings to primary care physicians, depending on funding availability.

Optional Tasks for #2, if Funding Becomes Available*: (please budget for these as 'optional, depending on additional funding')

- C. *Design and implement research to determine the most effective marketing and distribution channels to reach health professionals – and through them their patients - with SFL materials and information.
- D. With behavioral/communications researcher, assist in preparing IRB and OMB clearance packages; design and implement randomized controlled trial to evaluate the effectiveness of fax vs. direct mail vs. e-mail to determine which generates the greatest response from recipients. Recipients will be encouraged to order SFL materials and we expect to monitor and measure which communication method generates the highest number of responses. This task would require purchase of distribution and mailing list(s), design and production of related materials, such as letters, response/order forms, and sample kits of SFL materials to be sent to responders. Packaging materials would also be needed, such as box/folders/labels, etc. Additional materials would include a fax marketing piece/order form, distribution, and set-up fees. Additionally, the email piece of this would require email marketing message design and an e-mail list.
- E. *Tear-card ad buy - If funding is available, we would like to secure a tear card ad buy, to reach health professionals to make them aware of SFL, so they may utilize SFL materials in communication with their patients. The tear cards would be included in professional journals.

3. PSAs for consumers

- A. Develop, produce, and distribute print, TV and radio PSAs, as funding allows, in partnership with EIF and NCCRA, to include celebrity presence.
 - It is anticipated we will have one new radio PSA (recorded previously) to distribute that can be included on a disk with existing, repackaged SFL radio spots for which talent buyouts already exist.
 - Develop concepts for new TV PSAs in English and Spanish and test in focus groups, as funding allows.
 - Provide assistance in preparing IRB and OMB clearance packages.
 - Round one and possibly round two (depending on availability of funding) of testing will occur in Phase I of task order.
 - This task includes distribution of materials to appropriate media and related packaging of said materials.
- B. Renew talent fees for existing print, TV and radio PSAs, as necessary.
- C. Provide ongoing tracking of all print and broadcast PSA usage.

- D. Redistribute and repackage TV PSAs created and first distributed in 2005. Track usage.
- E. Provide outreach to airports to encourage their use of the *SFL* diorama distributed during 2005. Track diorama usage.

Optional Tasks for #3, if Funding Becomes Available*: (please budget for these as 'optional, depending on additional funding')

F. *Develop and produce new print, TV and radio PSAs, in partnership with EIF and NCCRA, to include celebrity presence. If funding is available, we hope to produce one new TV PSA to distribute along with previously produced and distributed PSAs (produced for 2005), and one new print PSA that could also be adapted for use as a poster and airport diorama. These are all targeted to patients, and may be further targeted to specific groups within the general population, such as Native Americans.

4. Web-related marketing

- A. Update SFL Web design as needed to accommodate new SFL materials and Web distribution of same. Also, consider and provide costs for Web distribution channels for SFL materials and messages, such as through WebMD and/or Yahoo!.
- B. SFL/CRC Web Site Campaign Communications Content Development
Support completion of the SFL Web site content development plan (continuing to migrate existing and creating new content based on user-centered research for the CRC/SFL redesigned Web site). Also create online versions of new (2005-2006) campaign materials and message components that are consistent with offline materials and communications.

Optional Tasks for #4, if Funding Becomes Available*: (please budget for these as 'optional, depending on additional funding')

*Web Marketing of SFL and SFL messages – may include either or both of the options below, depending on funding available.

- C. *Contractor will explore partnership opportunities with a leading site for mature markets, such as ThirdAge.com. The partnership could include: a) working with the site's editorial staff to create and promote a "colon cancer guide" within the health channel - featuring CDC's *Screen for Life* materials and messages; b) sponsoring multiple issues of health-oriented e-mail newsletters published by the site to subscribers; c) running CDC ad creative throughout the site featuring *Screen for Life* messages and imagery; etc. To the extent possible, we will use existing ad creative that has been created for SFL's existing, successful online marketing partnerships with Yahoo!.
- D. *Yahoo! Content Integration & Advertising - For this option, we would continue our interactive marketing partnership with Yahoo! by promoting CDC's new campaign materials, messages, and celebrity spokespeople through a content integration partnership and advertising campaign. CDC ads featuring campaign elements would run on relevant content channels on Yahoo!, targeting men and women ages 45 years and older. In addition, the new materials would be added and promoted on the Colorectal Cancer Health Center on Yahoo! Health, one of

the leading consumer health sites online. In addition, the campaign would be supported by search engine sponsored listings through Overture and/or Google. (Search Engine Sponsored Listings: According to a recent Pew Internet & American Life study, 82% of online seniors have used search engines to find information. Contractor will be tasked with deploying sponsored listings on Google, Overture or a second-tier pay-per-click search engine for a period of one month.)

5. Launch and media activities and support–

- A. Assist in any launch activities around March-National Colorectal Cancer Awareness Month, as funding allows. It is likely this will be limited to supplying SFL folders and other materials at events organized by other parties. Historically, we have provided up to 2,500 press kits, limited signage, and TV PSA video for on-site play.
- B. Assist in responding to media requests for materials, information, etc., and to media requests or other proactive initiatives related to CRC and/or SFL related news.

6. State and Partner Outreach

- A. Assist in state outreach – by responding to state/tribal and other related requests for materials, and coordinating efforts to provide local tagging on SFL TV PSAs, provide materials needed to implement SFL at the community level, and provide other resources identified by state partners. This would include establishing a regular communications channel to assess state partner needs related to SFL and colorectal cancer screening awareness efforts.
- B. Provide partner outreach and coordination of activities/clearances, etc. to SFL related to partner activities with groups such as EIF and NCCRA.

7. Support from Behavioral Scientist/Health Communication Researcher

To assist in research design and analysis, support from a behavioral scientist/health communication researcher will be necessary. This scientist also may be asked to prepare and submit manuscripts for publication in professional/medical journals. Support would also be needed for preparation of IRB and OMB clearance and documentation, if necessary.

8. Colorectal Cancer Screening Demonstration Project Support (All activities related to this task are currently ‘optional, depending on funding and demonstrated need.)
Background: to increase CRC screening at the community level, the CDC is funding 3-5 cooperative agreements to implement 3-year community-based colorectal cancer screening demonstration programs. These programs are designed to reach persons 50 years or older, with low incomes and inadequate or no health insurance coverage, for colorectal cancer screening. These will be 3-year demonstration programs, designed to allow communities to decide how best to reach their priority populations for CRC screening. Cooperative agreement recipients will be given flexibility in the design of their program and selection of screening tests as long as selected tests are among those recommended by the U.S. Preventive Services Task Force (USPSTF). Specific screening

tests will be offered within the demonstration screening programs if the applicants can demonstrate local capacity to provide those selected tests.

Optional Tasks for #8, if Funding Becomes Available*: (please budget for all of these as ‘optional, depending on additional funding’ and demonstrated need, as determined by Demonstration Project leads)

A. *Tailor existing print SFL materials (brochures, fact sheets, and posters/table top display) for use with patients and health providers in CDC/DCPC’s colorectal cancer screening demonstration project markets.

Existing *SFL* materials will be modified, if CRC demonstration grantees can provide justification, to ensure their effectiveness with low income/uninsured and underinsured. If testing of materials is needed, it will be informal, and should ensure readability, comprehension of information, design effectiveness and correct messaging. Materials may vary from market to market, depending on whether the project markets offer different screening tests, but any new materials would need to be designed for broad use. If need is determined by Project leads, and funding is available, SFL can provide a template for materials that are test-specific.

B. *Create a template for recruitment materials such as ads/flyers/posters for CDC’s CRC Screening Demonstration Project to recruit patients, possibly using a celebrity presence such as Katie Couric.

Phase II of Task order:

Phase I is designed to prepare for Phase II, when we anticipate creation of several new materials. Exact deliverables, tasks, and due dates will be established upon the beginning of Phase II. Currently, these tasks are anticipated for Phase II.

1. **Task order management tasks**
2. **Develop communications plan**
3. **Develop timeline**
4. **Weekly updates/meetings/status report**
5. **Complete testing of new concepts for print and TV ads**, in 1-2 rounds of testing, using focus groups. Write report of what is learned in focus group research.
6. **Produce 2-3 new TV PSAs and at least 1-2 print ad/airport diorama/poster.**
7. **Distribute new PSAs and ads** to appropriate media, and **track usage.**
8. **Secure talent buyouts** for Web usage and other media usage.
9. **Provide outreach to State and other partners**, coordinating local tagging of PSAs.
10. **Provide support to CDC’s Colorectal Cancer Screening Demonstration Project**, as needed and as funding allows.
11. **Other tasks to be determined.**

Items from CDC appropriate for preparation of proposals:

<http://www.cdc.gov/cancer/screenforlife/>

<http://www.cdc.gov/cancer/colorctl/resourcematerials.htm>

<http://www.cdc.gov/cancer/screenforlife/preview.htm>

SFL Campaign Backgrounder 2005

Items from CDC appropriate for task completion:

Previous campaign materials or access to view them online

Focus group reports-if completed and available and electronic files of health professional materials to be revised

Copies of CDC, HHS, clearance policies and NCCDPHP guidelines

Deliverables and Period of Performance:

The performance period begins with date of award. Phase 1 is from date of award through Sept 2006. The overall end date of the task order is May 14, 2007.

Please see chart beginning on page 12 for tasks and deliverables and period of performance anticipated for Phase I. More specific deliverables and associated timelines will be developed following the kick-off meeting after which the contractor will provide timeline(s) and other deliverable-specific information for client/CDC approval.

Task/Deliverable	Associated Tasks	Period of Performance
1. Task order Management	<ul style="list-style-type: none"> ❑ Hold start-up meeting to review tasks, establish communication plan, establish working expectations ❑ Prepare timeline ❑ Provide weekly status reports and call notes and monthly budget updates ❑ Conduct regular (weekly or more often) conference calls with CDC on campaign activities ❑ Provide year-end report (campaign binder) to include all work conducted in Phase I and supply CDC with 2 copies, including samples of all materials developed and/or distributed 	<p>Upon award of task order</p> <p>Within 1 month of award and ongoing</p> <p>ongoing</p> <p>End of phase 1</p>
2. Materials for Health Professionals	<ul style="list-style-type: none"> ❑ Revise physician materials and ads (print) originally focus-group tested in 2004. Contractors should describe protocol to test the revised materials and estimates of costs associated with testing. It is anticipated that 3-4 in person focus groups will be needed to test the new materials. ❑ Prepare documentation and assist CDC in securing IRB and OMB clearances to test materials using focus group methodology, if necessary. ❑ Create distribution and communication plans to (a) disseminate new ads to medical journals and other publications, and (b) distribute other related materials, and implement those plans, as funding allows. This may include direct mail or fax mailings to primary care physicians, depending on funding. <p><u>Optional Tasks, if Funding Becomes Available*:</u></p> <ul style="list-style-type: none"> ❑ Design and implement research to determine the most effective marketing and distribution channels to reach health 	<p>December 2005</p> <p>Within one month of award</p> <p>TBD</p>

Task/Deliverable	Associated Tasks	Period of Performance
	<p>professionals – and through them their patients - with SFL materials and information. With behavioral/communications researcher, design and implement randomized controlled trial to evaluate the effectiveness of fax vs. direct mail vs. email to determine which generates the greatest response from recipients. Recipients will be encouraged to order SFL materials and we expect to monitor and measure which communication method generates the highest number of responses. This task requires purchasing distribution and mailing list(s), design and production of related materials, such as letters, response/order forms, and sample kits of SFL materials to be sent to responders. Packaging for materials would also be needed, such as box/folders/labels, etc. Additional materials would include a fax marketing piece/order form, distribution and set-up fees. The email piece would require email message design and an email list.</p> <ul style="list-style-type: none"> □ *Tear-card ad buy - If funding is available, we would like to secure a tear card ad buy, to reach health professionals for them to become aware of SFL and order SFL materials to distribute to patients. The cards would be included in professional journals. 	
3. PSAs for Consumers	<ul style="list-style-type: none"> □ Develop, produce, and distribute print, TV and radio PSAs, <u>as funding allows</u>, in partnership with EIF and NCCRA, to include celebrity presence. It is anticipated we will have one new radio PSA (recorded previously) to distribute that can be included on a disk with existing, repackaged SFL radio spots for which talent buyouts already exist. □ Develop concepts for new TV PSAs in English and Spanish and test in focus groups. Round one and possibly round two (depending on funding) of testing 	<p>To be completed by early Feb 2006</p> <p>June 2006-Sept 2006</p>

Task/Deliverable	Associated Tasks	Period of Performance
	<p>will occur in Phase I of task order.</p> <ul style="list-style-type: none"> ❑ Provide assistance in preparing IRB and OMB clearance packages. ❑ This task includes packaging design and distribution of materials to appropriate media. ❑ Renew talent fees for existing print, TV and radio PSAs as necessary. ❑ Provide tracking of all print and broadcast PSA usage. ❑ Redistribute and repackage TV PSAs created and first distributed in 2005. Track usage. ❑ Provide outreach to airports to encourage their use of the <i>SFL</i> diorama distributed during 2005. ❑ Track diorama usage. <p><u>Optional Tasks, if Funding Becomes Available:</u> (please budget for these as ‘optional, depending on additional funding’)</p> <ul style="list-style-type: none"> ❑ Develop and produce new print, TV and radio PSAs, in partnership with EIF and NCCRA, to include celebrity presence. If funding is available, produce one new TV PSA to distribute along with previously produced and distributed PSAs (produced for 2005), and one new print PSA that could also be adapted for use as a poster and airport diorama. These are all targeted to patients and may be further targeted to specific groups within the general population, such as Native Americans. 	<p>Upon award of task order</p> <p>Complete by March 1, 2006</p> <p>Complete by Feb 2006</p> <p>Ongoing</p> <p>Complete by March 1</p> <p>January-March 2006</p> <p>ongoing</p> <p>tbd</p>
<p>4. Web-related marketing</p>	<ul style="list-style-type: none"> ❑ Update SFL Web design to accommodate new SFL materials. Consider and provide costs for Web distribution channels for SFL materials and messages, e.g. through WebMD, Yahoo! Health or other Web sites. ❑ Web Site Content Development - Support completion of the Web site content development plan, migrate existing content and create new content based on user-centered research conducted 	<p>Ongoing</p>

Task/Deliverable	Associated Tasks	Period of Performance
	<p>for CRC/SFL redesigned web site). Create online versions of new campaign materials and message components consistent with offline materials and communications.</p> <p><u>Optional Tasks, if Funding Becomes Available:</u> (please prepare a cost proposal for these as ‘optional, depending on additional funding’)</p> <p>Web Marketing of SFL and SFL messages – may include one or both of the options below, depending on funding available.</p> <ul style="list-style-type: none"> □ Explore partnership opportunities with a leading site for mature markets, such as ThirdAge.com. The partnership could include: working with site's editorial staff to create and promote a "colon cancer guide" within the health channel - featuring SFL materials and messages; sponsoring health-oriented email newsletters published by the site to subscribers; c) running SFL ad creative throughout the site; etc. To the extent possible, we would use existing SFL ad creative used for SFL’s existing online marketing partnerships with Yahoo!. □ Yahoo! Content Integration & Advertising – continuing SFL’s interactive marketing partnership with Yahoo!, by promoting CDC's new campaign materials, messages and celebrity spokespeople. Ads featuring campaign elements would run on relevant content channels on Yahoo!, targeting men and women ages 45 years and older. New materials would be added and promoted on Yahoo! Health, one of the leading consumer health sites online. In addition, the campaign would be supported by search engine sponsored listings through Overture and/or Google. □ Search Engine Sponsored Listings- Contractor will secure sponsored listings on Google, Overture or a second-tier pay-per-click search engine for a period of one month. 	TBD

Task/Deliverable	Associated Tasks	Period of Performance
5. Launch and media activities and support–	<ul style="list-style-type: none"> ❑ Assist in any launch activities around March, National Colorectal Cancer Awareness Month, as funding allows. It is likely this will be limited to supplying SFL folders and other materials at events organized by other parties. Historically, we have provided up to 2500 press kits, limited signage, and TV PSA video for on-site play. ❑ Assist in responding to media requests for materials or for media requests or other proactive initiatives related to CRC and/or SFL related news. 	<p>TBD – likely Feb-April 2006</p> <p>Ongoing</p>
6. State and Partner Outreach and Support	<ul style="list-style-type: none"> ❑ Assist in state outreach – by responding to state/tribal and other related requests for materials ❑ Coordinate efforts to provide local tagging to states on <i>SFL</i> TV PSAs, ❑ Provide materials needed to implement SFL at the community level, and provide other resources identified by state partners. This would include establishing a regular communications channel to assess state partner needs related to SFL and colorectal cancer screening awareness efforts. ❑ Provide partner outreach and coordination of activities, clearances, etc. to SFL-related to partner activities with organizations such as EIF and NCCRA. 	<p>Ongoing</p> <p>November 2005 - March 2006</p> <p>Ongoing</p> <p>Ongoing</p>
7.Support from behavioral scientist/ health communication researcher	<ul style="list-style-type: none"> ❑ Assist in research design and analysis ❑ Prepare manuscripts for publication in professional/medical and other journals and media. ❑ Help prepare IRB and OMB clearance and documentation, as necessary. 	Ongoing
8. CRC Screening Demonstration Project Support – <u>all tasks are Optional</u>, (please submit a cost proposal for these as ‘optional, depending on additional funding	<ul style="list-style-type: none"> ❑ Tailor print SFL materials (brochures, fact sheets, posters/tabletop display) for use with patients and health providers in DCPC’s CRC screening demonstration project markets. If testing of materials is needed, it will be informal, and should ensure readability, comprehension, design effectiveness and correct messaging. Materials may vary from 	tbd

Task/Deliverable	Associated Tasks	Period of Performance
and need,' as determined by Demonstration Project leads)	<p>market to market, depending on whether the project markets offer different screening tests, but <u>any new materials would need to be designed for broad use.</u></p> <p>If need is determined by Project leads, and funding is available, SFL can provide a template for materials that are test-specific.</p> <ul style="list-style-type: none"> □ Create a template for recruitment materials such as ads/flyers/posters for CDC's CRC Screening Demonstration Project to recruit patients. 	

Special Clearances:

☒ OMB
☐ Human Subjects
☐ Privacy Act

Production Clearances:

☐ 524 (concept)
☐ 524a (audiovisual)
☐ 615 (printing)

CLEARANCE REQUIREMENTS: All CDC-produced materials will require CDC/HHS clearance and will be coordinated by CDC, with assistance provided by Contractor.

Evaluation Criteria:

- A. Award: This task order will be awarded to the contractor whose proposal is considered to be the most advantageous to the Government, price and other factors identified below considered. Technical factors will be weighed more than price factors. However, the Government will not make an award at a significantly higher overall cost to the Government to achieve only slightly superior performance.
- B. Technical evaluation criteria for this RFTOP are as follows:

<u>Criteria</u>	<u>Points or relative value of criteria</u>
Technical approach	40
Similar experience	35
Staffing and management	20
Recommendations	05

TECHNICAL APPROACH: Contractors should provide a discussion of their technical approach to provide the services required for this task order, including a preliminary timeline for completion of proposed activities. These criteria will be evaluated according to the soundness, practicality, and feasibility of the Contractor's technical approach for providing the services required. Specifically, Contractors should address the ways in which the following work will be accomplished:

- Provision of creative briefs (including message concepts and executions), treatments and/or materials to meet the communication needs of both consumers (including targeted segments of the primary audience, such as African Americans, and women aged 50 or over, Hispanics, etc.) and health professionals. Material development shall be based on data related to colorectal cancer screening and formative research conducted by SFL and should demonstrate a clear understanding of the nuances and challenges inherent in reaching the target audiences with CRC materials and messages.
- Provision of plans to conduct focus groups with intended audiences to evaluate messages and concept development.

(The Contractor should demonstrate technical expertise and experience with the development and performance of formative research, audience segmentation and

analysis, and health communication and belief theories for reaching target audiences. The Contractor should also demonstrate understanding of the particular target audiences for this campaign and should outline how to best evaluate materials for those target audiences, e.g. Latinos, health professionals.)

- Provision of plans to conduct informal (vs. formal) testing of materials, should that be desirable or the most cost-effective way to ensure quality/comprehension/design acceptance, etc.
- Provision of plans to create materials-including broadcast public service announcements and print materials (such as ads and posters), as well as news-related materials that may be needed.
- Provision of plans to disseminate the materials widely and plans to track usage.
- Development of a process evaluation plan.

Specific to Web-related activities, the Contractor shall provide:

- A clear, detailed description of the Contractor's approach for providing the required Web task-related services and explaining methodologies proposed. The description should include the approach to provision of reports that can be used to improve the quality of colorectal cancer content at CDC. The description should also include the Contractor's approach to identifying and resolving potential problems.

SIMILAR EXPERIENCE:

- Contractors are to provide information reflecting assigned staffs' experience that is similar in approach or complexity and size to this project.
- Contractors should provide the firm's previous experience in advertising, communications, and media relations related to public health campaigns, preferably concentrating on colorectal cancer and/or on health issues of special concern to diverse audiences of people aged 50 and over, as well as audiences of public health professionals.
- Contractor should have experience/expertise in developing public health campaigns and educational materials, preferably related to colorectal cancer and designing health messages that are intended to motivate changes in health behaviors for (a) men and women aged 50 or over, and (b) health professionals.
- Contractor should have expertise in creating and adapting culturally- appropriate and medically/scientifically accurate messages and materials for non-English speaking audiences and for consumers with low literacy levels and should provide information on how those messages and materials were developed and how that experience can be used in development of SFL messages and materials.
- The Contractor should have experience coordinating efforts between interagency and other partners and State Health Departments and with foundations and other non-profit organizations.
- Contractor needs to show experience in using multiple channels to reach target audiences.
- Contractor will also provide at least two examples of similar projects with CDC or another health care agency indicating a successful campaign geared toward both diverse adults aged 50 years or over and to health professionals, including descriptions of communication plans or strategies; media outreach strategies, including sample materials such as creative broadcast and print executions or appropriate miscellaneous materials.
- Contractors are encouraged to provide samples or URLs of their previously completed Web design and development work that demonstrate an understanding of: (1) the Internet

and its unique qualities, (2) audience-driven Web site design and development, (3) application of market research to design Web sites for intended audiences and user groups, and (4) working with federal agencies or legislative entities.

- Contractors shall (1) have the capabilities and experience in planning and developing effective Intranet-based communications (2) have knowledge of and experience in developing appropriate materials and ensuring they reach target audiences, and (3) have previous experience in developing sites for audiences similar to those for CDC and similar public health campaigns.
- A statement of previous relevant experience providing the type of service requested in this RFTOP, including nature of work, project start and end dates, contact information for customers to be consulted as references; and examples of materials and Web sites evaluated or produced; access to relevant data, including electronic databases, public opinion surveys, product information, and communication networks; established relationships with suppliers or subcontractors; and physical facilities, including computer, communication, production, and distribution facilities.
- Corporate experience working with Web-based applications is critical, due to emerging market conditions and the rapid technical advancements in this field over the last several years.

STAFFING AND MANAGEMENT:

Contractors should provide a staffing plan that demonstrates an understanding of the labor requirements, expertise, and creativity needed for this task order, and a management plan that describes their approach for managing the tasks and budget/fiscal responsibilities, to include subcontract management, if applicable. This criterion will be evaluated according to the soundness, practicality, and feasibility of the Contractor's staffing and management plans for this task order.

The Contractor shall demonstrate how the management structure will be flexible and responsive to meet task order requirements, demonstrate how flexibility is to be maintained in making work assignments in order to make maximum use of available personnel and skill mix, and describe potential problems associated with the proposed approach to managing problems associated with this project, including the continued availability and participation of senior-level project managers.

The plan should include resumes for each staff member and outline senior level and middle level staff who would be assigned to the project. Staff or subcontractors should include:

- Project Director
- Evaluation Expert
- Behavioral Scientist/Health Communication Expert
- Creative Team (e.g. Creative Director, Copy Writer, Video and Audio Producer, Video Editor, Spanish marketing experts, Health Professional marketing experts)
- Material Distribution Support
- Administrative Assistance
- Focus group moderator(s) for health professional focus groups and/or for consumer focus groups (some consumer groups may be segmented by sex, race, language, and/or ethnicity)
- Expert(s) in adapting and creating culturally-appropriate and medically accurate public health materials for audiences whose first language is something other than English.

- Staff experienced in evaluation and design of Web-based information and health communication products, including Project Director or Task Leader, Lead Topline/Final Report Writer(s), and others assigned to the project who are key to its success.

The plan should also include the following:

- A detailed statement of staffing, including resumes outlining the education, background, credentials, and recent experience of key management, professional, and technical personnel to be used on this task order;
- A detailed plan for the use of subcontractor personnel, especially consultants with particular content expertise and other personnel who may be required for specialty services;
- A management plan with clear delineation of staff authorities and lines of responsibility, with special emphasis on relationships with subcontractors, other contractors, and CDC service organizations.
- The appropriate percentage of time each individual will be available for this project should be stated. The proposed staff hours for each individual should be allocated against each project task.

The Task Leader and other personnel proposed should possess the following combination of education, skills and experience.

- Demonstrated expertise and extensive experience in development, methodology and implementation for Web sites that adheres to industry standards of excellence for usability as evidenced by prior application development.
- Familiarity/experience with ad and other material concept development and testing, and practices for communication and information dissemination across various audiences and various media, especially as related to the target audiences of SFL, i.e. adults aged 50 years or older, both English and non-English speaking populations, and health professionals.
- Excellent information-gathering, writing, analytical, and interpersonal communication skills.
- Experience preparing reports and analyses for government agencies that clearly describe the work carried out, the results, corresponding recommendations, and any areas or issue requiring special attention.
- Solid experience working on public health campaigns, particularly those geared to multi-racial and multi-ethnic groups of men and women aged 50 and older, including Spanish-speaking audiences; and if possible, with prior background, knowledge and expertise in public health campaigns related to cancer in general and colorectal cancer in particular.

The Contractor shall submit a detailed plan and procedures for monitoring the overall project, responding to CDC's workload, identifying and resolving problems, and plans and procedures for accomplishing 'normal' workload as well as periodic increased workloads and other tasks which require high-level performance under tight deadlines.

Description of the experience of key personnel in communications, advertising, Web site development and marketing, media relations and working with audiences of particular relevance to *SFL* should be included, such as efforts to work with ethnic minority and underserved populations. Also include a detailed staffing plan describing current staff available for this

project and description of methods and criteria used to recruit professional and technical staff as workloads increase, either on an ongoing basis or as needed. And include a detailed plan for the management and use of sub-contractor personnel or organizations, especially consultants with particular content or scientific/behavioral/communications research experience who may be required for consultation on this project. Minimum skills and experience requirements stated for the Project Director and other personnel must remain at a steady or higher level for duration of the task order, regardless of Contractor staff reorganizations/ changes. Any changes in staff assigned to *SFL* activities must be immediately reported to Technical Monitor.

Finally, the Contractor shall submit a detailed description of overall project management, coordination, and quality control, to include a timeline showing milestones and anticipated budget expenditures at each milestone (for budget tracking purposes during the project).

RECOMMENDATIONS: Contractors are to provide ideas about creative ways to accomplish the processes, or products or both described in this task order. Expert recommendations are specifically being sought for all aspects of research and message and material development for both consumers and health professionals, as well as for expanding the reach of the campaign, and the Web strategic planning process. These criteria will be evaluated by examining the creative ideas offered, the rationale that supports the ideas presented, and the plans proposed for assessing the suitability of these ideas.

Evaluation Criteria Cont'd

C. Cost Evaluation: A cost analysis of the cost proposal shall be conducted to determine the reasonableness of the contractor's overall cost proposal. Contractor shall analyze and prepare budget projections for a variety of health communication activities as spelled out in pages 7-17 of this request for task order, including campaign costs to conduct research related to concept development and material testing, creation of materials such as PSAs, and distribution and tracking usage of resulting materials.

Other/Special Requirements

If your proposal is incomplete or non-responsive to the special requirements listed below, it will not be entered into the review process. You will be notified that your proposal did not meet submission requirements.

- ❑ Late proposals will be considered non-responsive.
- ❑ If all the tasks requested are not addressed, or if your proposal exceeds the 25 page limit, your proposal will be considered as not meeting submission requirements.

Proposed Technical Monitor:

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Project Officer: Brittney A. Spilker, Creative Services (CS)